CITY OF ILWACO

The City of Ilwaco is an equal opportunity employer

City of Ilwaco Employment Application

120 First Avenue N, PO Box 548, Ilwaco, WA 98624

- If you are employed by the City of Ilwaco, you will be required to establish your identity and authority to work in the United States, as required by the Immigration Reform and Control Act.
- Applications will be screened and the most qualified invited to interview. Those not contacted must assume they
 were not selected for an interview. <u>Formal notification may not be sent to unsuccessful candidates</u>
- If you are selected for an interview and need special accommodations due to impairment or disability, please notify the City Treasurer at (360) 642-3145.

Complete all information from this point forward. Please print. An incomplete Application or an Application received after 5 p.m. of the closing date may disqualify you from further consideration. A resume may be included, but may not be submitted in place of the Application. Responses should not state "see resume." (M.I.) HOME TELEPHONE NUMBER: APPLICANT'S NAME (Last) (First) MAILING ADDRESS (Number and Street) WORK TELEPHONE NUMBER: (City) (State) (Zip Code) **EMAIL ADDRESS:** POSITION FOR WHICH YOU ARE APPLYING? PERSONNEL USE ONLY **GENERAL** 1. Are you a U.S. Citizen, or, do you have a Visa permitting you to work in the U.S? ☐ YES Are you over the age of 18? If not, give birth date: ___ ☐ YES B. ☐ YES C. Do you have, or can you obtain, a valid Washington State Driver's License? LIC: ___ ☐ YES D. Do you wish to claim Veteran's Preference? ☐ YES The City of Ilwaco is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? (If "YES," please explain in Item G) F. Do you have any relatives who work for the City of Ilwaco? (If "YES," provide the name(s) in Item G) ☐ YES □ NO G. EXPLANATIONS:

2.	EDU	CATION								
A.	Chec	Check the highest grade completed: 6 7 8 9 10 11 12								
B.	If you did not complete high school, do you have a high school equivalency diplor			ncy diploma?			YES	□NO		
C.	Chec	neck the number of years of post-secondary education: 1 2 3 4 5 6 7								
			Name and Location	of Institution	Units Completed	Dates Attended	Course of Study		Degree, Diploma or Certificate Obtained	
		1)								
		2)								
	3)									
		4)								
		5)								
D.	List b	pelow va	alid licenses or certifica	ates of professional or	vocational com	petence relevant to the	e job for which you	ı are app	lying.	
		Licens	e/Certificate			License/Certificate Number		Expiration Date		
		1)						<u> </u>		
	2)									
		3)								
		4)								
3.	3. WORK HISTORY and MILITARY SERVICEBeginning with your present or most recent employment, list your work experience/history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets if necessary. Be sure to include any non-paid experience that is related to the job for which you are applying. Complete the following sections even if you are submitting a resume in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here:									
Fron	1		То	Job Title						
Hours per Week		Week	Overtime Eligible YES NO	Name of Company/Org	janization/Addres	S				
Salary Earned		ned		Name of Supervisor				Supervis	sor Phone	Number
\$			per							
Dutio	es									
Reason for Leaving										

3. Work History Continued.

Overtime Eligible	Name of Company/Organization/Address					
	Name of Supervisor	Supervisor Phone Number				
Reason for Leaving						
То	Job Title					
Overtime Eligible	Name of Company/Organization/Address					
☐ YES ☐ NO						
	Name of Supervisor Supervisor Phone N					
Reason for Leaving						
То	Job Title					
Overtime Eligible	Name of Company/Organization/Address					
☐ YES ☐ NO						
Name of Supervisor Supervisor Supervisor Supervisor Phone Num						
per						
Reason for Leaving						
	To Overtime Eligible YES NO To Overtime Eligible YES NO	Name of Supervisor To Job Title Overtime Eligible Name of Company/Organization/Address YES NO Name of Supervisor To Job Title Overtime Eligible Name of Company/Organization/Address Name of Supervisor				

4.	REFERENCESPlease list three professional references who may have knowledge of your qualifications.						
	Name	Address		Daytime Phone	Relationshi	p	
A.							
В.							
C.							
D.	May we contact your current employ	/er?			☐ YES ☐ NO		
5.	MISCELLANEOUS						
A.	When will you be available to start work?						
В.	How did you hear about this employment opportunity? (Please provide specific name of media whenever possible.)						
	☐ Word of Mouth ☐ Advertisement in: ☐ City Website ☐ Other:						
6.	NOTICES						
•	The City of Ilwaco is an equal opportunity employer. The City maintains a policy of non-discrimination with employees and applicants. The City will not unlawfully discriminate in any aspect of employment or applicants for employment based on race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, pregnancy, disability or status as a disabled veteran or Vietnam era veteran, or any other basis prohibited by law. The City will accommodate applicants and employees with disabilities as required by law.						
•	The City of Ilwaco is a smoke and drug free work place. You may be required to complete a drug test prior to employment.						
7	CERTIFICATION						
7.	CERTIFICATION						
any disn acco	I hereby certify that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after hire. I have read the Job Opening and I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation. I understand that acceptance of an offer of employment does not create a contractual obligation upon the City of Ilwaco to continue to employ me in the future. For determination of my potential employment eligibility, I hereby authorize release of educational, police, criminal and employment information pertinent to the position for which I am applying. I further authorize the City of Ilwaco to rely upon and use, as it sees fit, any of the information received.						
NAME			Signature		Date		
MA	IL or DELIVER your completed app	lication to:					

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APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I certify that the information given by me to the City of Ilwaco is true and complete to the best of my knowledge. I understand that, if employed, my providing false or misleading information may result in my immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Ilwaco's interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Ilwaco, in consideration of the review of my employment application, do authorize the City of Ilwaco to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of furnishing such information. If employed, I release the City of Ilwaco from any liability for future references it may provide regarding my employment with the City of Ilwaco. Pursuant to RCW 43.43.834, background checks are available to the applicant upon request.

If employed, I further agree that if the City of Ilwaco advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any of the City of Ilwaco's property, the City of Ilwaco is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

Applicant - Please Print Name	
· ·	
	Date
Applicant's Signature	



The City of Ilwaco is an equal opportunity employer. DRIVING RECORD (To be completed with application)

Name								
Please Print	Last		est	MI				
	t all notices of int eived in the past 5 y	fractions or traffic citations years.	(other than parking tickets)	, which you have				
State	е	Month/Year	Туре	Type of Infraction				
Infractions or citar making employme		ily remove you from consideration.	The City will, however, consider y	our driving record when				
	The information provided above is true and correct to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.							
Signed:		Date:						

Finalists, upon notification that references will be checked, will be required to submit a copy of their driving abstract to Human Resources. Driving abstracts may be obtained at any Washington State Department of Licensing branch office for a small fee. Other states may have different procedures. This fee is at the applicant's expense.

City Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked at the time of application and routinely thereafter once employed. Applicants will be disqualified, and if employed may be terminated, under the following circumstances:

Violations

More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

Accidents

More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."